PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

50855

7590

04/07/2009

Tyco Healthcare Group LP 60 MIDDLETOWN AVENUE NORTH HAVEN, CT 06473



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Cortificate of Mailing or Transmission
I hereby certify that this Peo(s) Transmittel is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE PBB address above, or being facsimile
transmitted to the USPTO (571) 273-2885, on the date indicated below.

	KIMBERLY	V. PERRY	(Depositor's name)
-	TO CO		(Signature)
	7.	12/09	(Date)
YAD.	4 2270	NEW DOCKET NO	COMBIDMATION NO

APPLICATION NO.	FILINO DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/550,700	09/27/2005	Scott E. Manzo	2810 (203-3097PCTUS)	3082

TITLE OF INVENTION: METIIOD AND APPARATUS FOR RADICAL PROSTATECTOMY ANASTOMOSIS INCLUDING AN ANCHOR FOR ENGAGING A BODY VESSEL AND DEPLOYABLE SUTURES

APPLN. TYPE	SMALL ENTITY	issub fre dub	PUBLICATION PEB DUB	PRBV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUB		
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/07/2009		
BXAM	IINBR	ART UNIT	CLASS-SUBCLASS	07/08/2039	SDENBOB4 0000001	4 210550 1055070		
HORNBERGER,	JENNIFER LEA	3734	606-144000	01 FC:1501	Dij			
1. Change of correspond	1. Change of correspondence address or indication of "Fee Address" (37			2. For printing on the patent front page, list 1304 300.00 DA				
FR 1.363). Change of correspondence address (or Change of Correspondence		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Address form PTO/\$1	Address form PTO/SB/122) attached.		(2) the name of a single firm (having as a member a 2					
Property of the Property of th			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
			THE PATENT (print or typ					
PLEASE NOTE: Uni	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NC	data will appear on the profit a substitute for filing an	atent. If an assignee is id assignment.	entified below, the docu	iment has been filed for		
(A) NAME OF ASSI				and STATE OR COUNT				
Tyco Heal	thcare Grou	p LP	Norwalk, (CT CT				
Please check the appropriate. The following fee(s) Issue Fce			b. Payment of Fee(s): (Plea	· · · · · · · · · · · · · · · · · · ·	····			
Publication Fee (No small entity discount permitted)		nermitted)	Payment by credit card. Form PTO-2038 is attached.					
	# of Copies			authorized to charge the r sit Account Number 21 -		ency, or credit any xtra copy of this form).		
S. Change in Entity Sta	tus (from status indicate	d above)						
B. Applicant claim	9 SMALL ENTITY 6180	is. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMALL ENT	TTY status. Sec 37 CFR	1.27(g)(2).		
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademar	d from anyone other than the Office.	ne applicant; a registered a	nomey or agent; or the a	ssignee or other party in		
Authorized Signature			and the same of th	Dato	7/2/09			
Typed or printed riant	Kimber	ly Perry		Registration No.	43,612			
This collection of inform	ation is required by 37 C	PR 1.311. The informati	on is required to obtain or r	etain a benefit by the publi	ic which is to file (and by	the USPTO to process)		

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Parents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless at displays a valid OMB control number.